



**VERA Z. DWYER COLLEGE
OF HEALTH SCIENCES**

INDIANA UNIVERSITY SOUTH BEND

**TITLE: Radiography
Program Pregnancy Policy**

POLICY NO: R-7

EFFECTIVE DATE: 9-1-2021

**TARGET GROUP: CHS
Students**

**SECTION: Radiography
Student Policy**

**REVISION DATE: May 7,
2021**

Purpose:

The purpose of this policy is to outline the radiation protection pregnancy policy and the pregnant radiography student options for progressing through the Radiography programs.

Policy:

Pregnancy Policy

The National Council of Radiation Protection and Measurement Regulatory Guide 8.13, reports that during the entire gestation period, the maximum permissible dose equivalent to the fetus from occupational exposure of the expectant mother, should not exceed 0.5 rem (500 millirems during the nine months of pregnancy). The Medical Imaging Programs are dedicated in working with students who declare their pregnancy. Declaration of pregnancy is voluntary and may be revoked by the student in writing at any time.

If the student decides to notify the Program Director, a Pregnancy Disclosure Form must be filled out. The form will include the delivery date, radiation safety statement, and options for the student to progress into the program. The radiation safety statement is there to ensure the declared student is aware of the radiation risks to the student and fetus.

If a radiographer uses the proper radiation protection measures, which include remaining in shielded areas, refraining from holding patients or image receptors during x-ray exposures she should not receive more than 30 millirems/ month. (This converts to approximately 360 millirems, or 0.36 rems per year, which is considerably below the limits of the cited NCRP report.). Pregnant students who elect to participate in all education phases with or without modifications are required to review the U.S. Nuclear Regulatory Commission "Regulatory Guide 8.13" which can be located at <http://www.nrc.gov/docs/ML0037/ML003739505.pdf>.

The declared student will receive a monthly fetal radiation badge in which the student may revoke in writing at any time. The student will also be monitored with their collar radiation badge.

The declared student is strongly advised to meet with the Program Director to discuss the following options for continuance in the program:

- A. Withdrawal from the radiography program
- B. Leave of absence from the program
- C. Continued full-time status with modifications
- D. Continued participation in the program without modifications

The decision regarding the preceding options will ultimately be the student's decision.

The program director will monitor the student's radiation dosage to ensure that compliance with stated radiation standards is being met. The monthly dose will be documented on the Pregnancy Disclosure Form and will be stored in the student's file. The fetal radiation monitoring badge is to be worn at waist level, under the lead apron.

Students must sign this copy as proof that they have read and understand the pregnancy policy.

Students who do not wish to voluntarily disclose their pregnancy are assuming all risks associated and must continue through the program with no modifications.

Student may withdrawal their pregnancy declaration at any time. This must be submitted in writing to the Program Director.

Student Acknowledgement of Pregnancy Policy

I have been advised of potential radiation risks to me and my unborn fetus through a discussion with the radiation safety officer.

Student Signature/Date: _____

Program Director/Date:_____

Please circle the following option if you are voluntarily declaring your pregnancy:

- A. Withdrawal from the radiography program
- B. Leave of absence from the program
- C. Continued full-time status with modifications
- D. Continued participation in the program without modifications

I understand that the above information is accurate to the best of my knowledge. I understand that I can revoke my declaration at any time.

Student signature/date: _____

Program Director/date: _____



Indiana University South Bend
Radiography and Medical Imaging Program
Withdrawal of Pregnancy Declaration

Withdrawal of pregnancy

I am voluntarily withdrawing my previous declaration of pregnancy. I understand that as a result of signing and submitting this form, any restrictions that have been imposed as a result of the previously submitted "Declaration of Pregnancy" will be lifted.

Date of Pregnancy Declaration: _____

Printed Name: _____

Signature: _____

Date of Withdrawal: _____

Program Director Signature: _____